

Case Number:	CM15-0009933		
Date Assigned:	01/27/2015	Date of Injury:	05/13/1967
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 73 year old male with an industrial injury dated 05/13/1967. At visit dated 12/10/2014 the provider noted the injured worker had total pain relief with concurrent improvement in function with the 3rd LILA (low intensity laser ablation) laser treatment. He was complaining of some neck pain, which had returned 2-3 months prior rating it as 7 - 8/10. He also complained of right arm numbness, which was a new complaint. Physical exam revealed reduced sensation on the cervical 5 and cervical 6 dermatomes and grip strength was 4/5 on the left and 5/5 on the right. The cervical facets, occipital area and right shoulder were tender. The provider notes the injured worker has failed all conservative and surgical treatments since his injury in 1967. Diagnosis was intervertebral disc disorder, cervical with displacement mid-cervical - status post cervical 3 to cervical 6 reconstructions. On 12/17/2014 Utilization Review non-certified the request for 2 sessions of LILA laser (low intensity laser ablation) treatments and 1 right cervical 4, cervical 5 and cervical 6 selective nerve root injections. Criteria/Guidelines applied were - Cutaneous Laser Therapy, chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

LILA laser treatments x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cutaneous laser therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): Neck and Upper Back Complaints.

Decision rationale: The injured worker sustained a work related injury on 05/13/1967. The medical records provided indicate the diagnosis of intervertebral disc disorder, cervical with displacement mid-cervical - status post cervical 3 to cervical 6 reconstructions. Treatments have included surgery, other conservative approaches, LILA (low intensity laser ablation) laser treatment. The medical records provided for review do not indicate a medical necessity for LILA laser treatments x 2. Unless LILA has a different name, it is not included in the summary page of the MTUS for treatment of neck problems. It is not mentioned in the Official Disability Guidelines, neither is it mentioned in any of the nationally recognized Guidelines or in the PUBMED.

Right C4-C6 selective nerve root injections: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic) MDGuidelines.

Decision rationale: The injured worker sustained a work related injury on 05/13/1967. The medical records provided indicate the diagnosis of intervertebral disc disorder, cervical with displacement mid-cervical - status post cervical 3 to cervical 6 reconstructions. Treatments have included surgery, other conservative approaches, LILA (low intensity laser ablation) laser treatment. The medical records provided for review do indicate a medical necessity for right C4-C6 selective nerve root injections. 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery. The MD Guidelines recommends anatomic cause for the "failed" surgery must be ruled out so that appropriate treatment can be provided. Conservative treatment usually is recommended initially, and may include additional rehabilitation efforts (e.g., physical therapy, exercise) and pain management using a combination of oral medications (e.g., analgesics, nonsteroidal anti-inflammatory drugs [NSAIDs], antidepressants, muscle relaxants, and anticonvulsants). Anesthetics or steroids may be injected in the form of trigger point injections, epidural steroid injections, and / or selective nerve root injections. Chronic opioid (narcotics) therapy may be prescribed for pain control. While these drugs may decrease pain, they do not predictably alter disability.

